ening or engorgement of their texture. In children, this usually depends on the straining caused by irritation, as that of a stone in the bladder, and in old people it may proceed from a paralytic state of the sphincter. It may also, as in the case just related, depend upon a condition of the anus remediable through proper management. For this purpose it is requisite that the whole of the pendulous folds of skin should be removed by incisions radiating from the centre of the orifice, that the patient should be confined to the horizontal posture for several weeks, even when the bowels are evacuated, and that the diet should be restricted so as to prevent distension by feculent matters.—*Edinb. Med. Journ.*, August, 1856.

34. *Vaginal Cystocele removed by Operation; Specific Treatment of such Cases.*—One of a class of cases of very practical importance, for which St. Mary's Hospital has been for some time remarkable, was operated on by Mr. Baker Brown, on the 16th instant—a case of vaginal cystocele, caused by relaxation of the parts from ruptured perineum. The condition of prolapse of the vagina, as met in hospitals, occurs under three very distressing forms, according as it affects the anterior or posterior wall, or the entire circumference of the canal; the yielding of the anterior parietes, as in the case operated on the 16th inst., draws down the bladder; and, when the poor young woman was placed on the operating table, one saw the collapsed bladder hanging through the external opening of the vulva, giving a painful but vivid idea of the condition of things when the bladder became filled. The ruptured perineum, by removing the natural support of the pelvic viscera, seems sufficient cause for the accident. Nor is this all; for, as was well observed by Mr. Baker Brown to his class, the relaxation of the vagina in front causes an alteration in the position of the bladder itself and its meatus, so as to cause something very like constant retention of urine; this again leading to imperfect action of this viscus, and excessive accumulation, by the weight of which the vagina is stretched even more, and thrust forwards and downwards. Thus one accident, by remaining uncured, causes several others to follow in its train, rendering the life of the woman one scene of wretchedness and misery.

As might be expected, patients such as this woman, though not anxious to tell their complaints, are in the habit of speaking of dragging sensations in the lower part of the abdomen, pain in walking, and horrible dysuria. In some instances, the woman is obliged to push back the viscus into its normal position before she can evacuate the urine. The bladder also becomes a focus of irritation, inside and outside, very singular in itself. The extruded part is liable to injury, and becomes the seat of ulceration; while a very distressing irritability is also set up in the interior, arising from the fact of a small portion of urine always remaining in the cavity, which becomes decomposed, giving rise to much fetid and ropy mucus.

This is the state of things which Mr. Baker Brown proposes to cure; and we do not say too much when we affirm that we know no operation that has met such opposition, and none which has proved to be such a blessing to these poor patients. In milder cases of this disease, and occurring in young females, the treatment is usually confined to frequent catheterism, the recumbent posture, astringent injections, tonics internally, and attention to keep the bladder free from accumulations of urine, by a bent metallic catheter, with an elastic bag attached, and a sponge-tent in the vagina to uphold the bladder. Various means of producing contraction, it need hardly be said, have also been tried, such as the actual cautery, or removing a triangular slip of mucous membrane, the base towards the orifice of the vagina, and then bringing the edges together by suture.

We observed, on the 16th inst., that Mr. I. B. Brown, after the usual horse-shoe section of the vaginal mucous membrane, had recourse to the still more formidable proceeding of removing a flap of mucous membrane from the thick central portion of the protruded bladder itself, on its vaginal aspect—a new adaptation of plastic surgery, of a delicate if not dangerous character.

We have seen this operation of Mr. Baker Brown's now so often, that it is only a matter of duty to say that his success with his cases has been most re-

markable, almost unexpected. One sees poor women every month, from all parts of the country, many pronounced incurable, whose lives have been a burden to themselves and all about them, either with cystocele or rectocele, prolapse of the uterus of the very worst kind, or some other grave malady, yet who return home to the country quite cured, the strong muscular arch of the perineum quite renewed, and all the pelvic organs restored to their normal position.

The object of the operation on the 16th, was contraction of the caliber of the vagina generally. By the first step, now so well known, the contraction of the vagina *laterally* is secured, while the posterior horseshoe incision completed the operation *posteriorly*. We noticed two deep sutures, which are usually removed on the third day, the interrupted sutures on the fifth day; a bent catheter being secured in the bladder, attached to an India-rubber bag. Much care is observed to keep the woman under the effects of opium, so that the parts shall not be disturbed by the bowels acting.—*Assoc. Med. Journ.*, July 26, 1856.

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35. *On the Treatment of Hydrocele of Children.* By Dr. Linhart.—In hydrocele, met with immediately after birth, there is usually a wide communication with the abdominal cavity; and as there is frequently a fold of gut at the upper part of the tumour, it sometimes occurs that hernia and hydrocele alternate—so that two practitioners, called at different times, may give different opinions respecting the case. This form scarcely requires any special treatment, since the serum returns, during the horizontal position, into the cavity of the abdomen, where it is easily resorbed. The only treatment likely to be of any use would be the keeping the neck of the processus vaginalis compressed by a bandage.

It is otherwise when the hernia occurs later after birth, when it is tense, and the communication with the abdomen is either very small or absent, the processus vaginalis being closed above. In the first case, the fluid will often return slowly into the abdomen, although it may occupy six or eight days in so doing; and such cases deceive the attendants of the child into the belief that the means employed have produced the resorption of the fluid. The deception is the more likely, as, in very great narrowing of the upper mouth of the processus vaginalis, which is often more than an inch long, reposition cannot be induced by the taxis. This difficulty of returning the fluid is often mistaken for an impossibility, and unnecessary operations resorted to. Indeed, the diagnosis of complete closure is very difficult. When such closure does exist, the case does not differ from one of ordinary hydrocele of the tunica vaginalis.

The indications of treatment are, the removal of the fluid and the closure of the processus vaginalis. With regard to the first, resorption frequently occurs spontaneously, but it can rarely be influenced by the practitioner. The various stimulants employed for this purpose are inoperative, or may be even hurtful by irritating the scrotal skin. When they seem to have been of avail, an aperture has, in fact, existed. The resorption, however, is remarkably facilitated by a subcutaneous incision of the processus vaginalis, which allows the fluid to become effused into the scrotum, where it is rapidly absorbed. A fold of the scrotum should be raised, and a concave tenotomy knife passed in flat between the scrotal skin and the serous sac, so as to make an incision of from one to one and a half inches in length in the processus vaginalis. Dr. Linhart prefers this to seeking to obliterate the vaginal process by means of pressure applied to its neck, which is either ineffectual or cannot be borne, or to the employment of injections, which at this age are not without danger.—*Ibid.*, from *Froriep's Notizen*, 1856.

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36. *Reduction of a Dislocated Femur by Manipular Movements only, three weeks after the Accident—Diagnosis of Dislocations of the Femur.*—R. E., aged 44, a tall and muscular man, by trade a painter, consulted Mr. Wormald, at his own residence, on July 15. He had that morning walked from his own home, a distance of nearly a mile. He stated that three weeks before he had fallen off a wall a height of fifteen feet, and had been lame in his hip ever since. At the time of the accident, he was quite unable to stand, and was carried home to